226
[278] The second and equally important method was by poisoning the waters of lakes and medium sized streams with timbó (Paullinea pinnata), a fish poison used throughout the Amazon. The timbó paralyzes the gills of the fish, thus suffocating it. The fish remains edible as timbó does not poison the fish internally. The poison is contained in the long roots of a plant which grows wild in the forest but [249] which is commonly cultivated by the Indians in their gardens.

When a timbó expedition was organized, all of the men who participated went to the gardens to pull up the roots of the plant. These were chopped into one foot pieces, wrapped in a bundle, and brought back to the village. Before dawn of the next day, or the afternoon before, if the chosen fishing site was distant, the party embarked. The best places to fish with timbó were in restricted bodies of water where the poison would have greatest density and the fish the least possibility of escape. For this reason, streams and inter-island channels of about fifty feet in width or lagoons of limited size having only one entrance were preferred. Upon arriving at the location early in the morning, the party broke up into two, three, or possibly four groups, depending on the number of people involved. Those men who were to poison the water went upstream while the rest of the men and the accompanying women and children waited for the stunned fish to swim downstream. The poisoners then placed their bundles of timbó on a rock or log in the water and began to beat them with a heavy stick, causing the white

11: Murphy E-5 (1952-1953) 1958
SQ13 Mundurucu SQ13

to see the *cauí* within the patient's body, and he is considered to be in a state of intense concentration. During this period the many observers of the cure fall silent, and even the children are hushed. After completing his examination and identification of the *cauí* lodged within the patient's body, the shaman blows clouds of smoke over him. This is an essential part of the cure, for the tobacco smoke is believed to dislodge the *cauí* from its place deep within the sick person and to bring it nearer to the surface, from where it can be easily extracted. Once the shaman has accomplished this end, he commences to massage the patient's body, stroking inward toward the point where the pain is localized. At the completion of the massaging the *cauí* is believed to be directly below the skin and just above the source of pain. The shaman quickly applies his mouth to this point and sucks noisily at the patient's skin. He then draws away and deftly removes the *cauí* from his mouth, into which he has supposedly sucked it, and holds it out in his open palm for all to observe. He examines it with great care for some time and throws it into a fire, where it is thought to be completely destroyed. The object exhibited by the shaman is usually a small piece of wood or the pit of a palm fruit. The sleight of hand involved apparently requires no great ingenuity, but everybody is firmly convinced that the shaman has really extracted an evil object from the patient. I was unable to induce any shaman to reveal the innermost secrets of his art, but I am convinced that the shaman, too, believes that he extracts *cauí*, elusive though his reasoning may be.

The sole deviation from the above procedure occurs during the extraction of a very large and dangerous *cauí*. The shaman localizes the object and brings it to the surface of the body in the usual manner, but he extracts it with a quick, grabbing motion of the hand.

The *cauí* is visible to the shaman both when flying freely through the air and when lodged in the patient's body. Ordinary persons can see it only after the shaman has extracted it. There are ten reputed varieties of *cauí*, each of which represents a type of disease recognized by the Mundurucú. The *cauí* is believed to wreak considerable damage while in the sick person, and its extraction and destruction is not sufficient for a full recovery. This can only be through the application of herbal remedies, each of which is a specific for a certain type of *cauí*. These medicines are thought by the Mundurucú to be either "hot" or "cold"; the *cauí* is believed to cause considerable internal bleeding, and hot medicines remove this old blood from the body, and on the other hand, cold medicines reduce fever and alleviate pain.

The following is a list of the ten varieties of disease recognized by the Mundurucú and a description of the *cauí* believed to cause each and the medicinals used to repair their damage.

1. *Dau* (leg) *pipi* (pain), or pain in the leg, is caused by a *cauí* carved in the shape of a sting ray and made from its tail. This *cauí* lies on the floor in the doorways of houses and waits for an unwary person to step on it. Although it causes intense pains in the leg, its effects are not fatal. To cure the aftereffects of *dau*

11: Murphy E-5 (1952-1953) 1958
SQ13 Mundurucu SQ3

753 755 278 757

pipi, the shaman heats the leaves of a trarurá vine over a fire and applies them to the center of the pain. This poultice, despite being heated, is considered a cold remedy.

2. *Ipun pipi*, or pain in the stomach, is instigated by a *cawã* that is made from a bitter manioc tuber or a piece of soap. When the object is made from soap it causes a mild stomach-ache, but when made from bitter manioc the poison is believed capable of killing the victim. Three varieties of cold medicine are used to cure the aftereffects of this illness. An unidentified species of potato is grated in water, and part of the mixture is drunk while the rest is poured over the patient's stomach. Another remedy uses a few scrapings from the castanha de arara mixed in water and taken both externally and internally. Also, the root of the jamb plant is beaten into a half-gourd of water and drunk.

3. *Ekaabi pipi*, pain in the back, differs from the other ailments in that it is caused by a *cawã* that is actually a living bird. This bird, a species of curujá da noite, can be heard at night, but is never seen. When it flies directly above the house, the inhabitants are in danger of being afflicted with backache. A cold remedy for backache consists of a paste of grated ginger root which is applied to the affected parts. Another medicine is made in a similar fashion from the root of an unidentified shrub.

4. The material and form of the *cawã* that causes *aiwabi pipi*, or pain in the side, was not known by my informants, although five remedies were named as effective in its cure. The following three are cold medicines. Pau de cutia is grated into boiling water and the compound drunk while still very hot. A broth is also made from cuvira de cutia, and grated deer antler is mixed with cold water and used both internally and externally. Hot medicines include a poultice of heated jamaru leaf and a broth made of the ashes of kamaiu cane mixed in hot water.

5. The common cold is called *achi achi*, an onomatopoetic word, and believed to be caused by a *cawã* which consists of a bit of pulcum powder rolled in paper. Four cold remedies include hot drinks made with lemon, ginger root, the root of an unidentified shrub, and the sap from a tree. The only hot remedy known is made by boiling mel de chupe and taking it internally.

6. The *cawã* that causes *awerebu pipi*, or pain in the uterus, is made from the root of an unidentified tree. Menstrual pains are not believed to be caused by this object, nor is it thought to cause labor pains. A hot medicine, used to free the woman of the old blood from the intra-uterine bleeding caused by the *cawã*, is made by cutting up the root of a paxiuba palm and boiling it in water. Some of this preparation is administered internally, and the remainder is placed in a pot below the woman's hammock. The rising vapors are believed to aid in the cure. Ashes of the paxiuba palm are also mixed in water and drunk.

7. *Paiat*, or fever, generally accompanies stomach-ache, according to informants. Actually, such a concurrence of the two afflictions occurs during an attack of chronic malaria, and the stomach-ache is, more accurately, a pain in the liver. Two cold remedies are used to reduce the fever. The first is made by grating a

11: Murphy E-5 (1952-1953) 1958
SQ13 Mundurucu SQ13

vine in hot water and applying the mixture to the stomach. The other consists of the trunks of very young buriti palms crushed in water. Part of this mixture is drunk, and the rest is applied externally to the torso of the sick person.

8. *Ok pipi*, or intestinal pain, is caused by the same *cauli* as *ipun pipi*, or stomach-ache. However, the term *ok pipi* is in reality reserved for dysentery, for it is always accompanied by severe diarrhea. The medicines used for stomach pains are considered effective in the relief of intestinal pains also, but two additional cold remedies are used as specifics for the diarrhea. The roots of a certain shrub are boiled in water, part of which is taken internally and the rest allowed to steam below the hammock. The leaves of this shrub are also applied to the abdomen as a poultice. The same use is made of the leaves of the murirú pagé, a water plant. The local Brazilians also boil the leaves of this plant and place the steaming pot below the hammock of a bewitched person. The vapors are believed to cause an evil object to fall out of the victim's body.

9. *A pipi*, or headache, is treated by mixing cuvira de cuitambóira in water and applying the solution to the head. Uaripe Brasil nuts are also grated into water and similarly applied. Both remedies are considered cold. The nature of the *cauli* that causes headache was not known by the informants interviewed.

10. The tenth and last ailment is a three-stage sickness generally known by the name applied to its first stage, called *ajuruxi*. In this primary phase, the afflicted man or woman becomes unhappy and listless and eats mud, soap, and other inedible substances. The symptoms increase in severity in the next stage, or *yuxibi*, and the victim becomes thin, yellow, and "bloodless." Finally, the patient passes into the state known as *tauhoiat*, at the end of which he usually dies. During the final illness, the person's soul sometimes becomes one of the dreaded wandering souls. The symptoms are descriptive of the chronic forms of a number of illnesses, such as malaria, dysentery, and jaundice. The Mundurucú attribute it to a *cauli* made of roasted earthworms rolled into a ball and spread in the air. No remedies were known.

A person can be afflicted by more than one *cauli* at a time, and the shaman often recommends a number of herbal preparations. The shaman does not himself administer these remedies, but instructs the kinsmen of the sick person in their use. They then collect the proper herbs and apply them.

The techniques used by the Mundurucú shaman are so widely distributed throughout eastern South America that any attempt to trace their provenience would be overly lengthy. The shaman's use of tobacco smoke and the techniques of sucking and massage are almost universal in the Amazon area. Of equally wide distribution are the use of herbs and the various methods of applying them. Infusions, external applications, and steam baths are, as Lowie indicates,[1] known among a number of tribes of the region.

One aspect of Mundurucú herbal medicine worthy of further discussion is the division of remedies into hot and cold categories. This distinction is made throughout most of Latin America with regard to both medicines and food. The Mun-

[1] Lowie, 1948, pp. 61-62.

11: Murphy E-5 (1952-1953) 1958
SQ13 Munduruca SQ13

219 171 durucú, however, do not classify their foods in this manner, suggesting that the concept was perhaps borrowed from their Brazilian neighbors together with certain medicinal recipes. Furthermore, although the list of diseases and remedies is undoubtedly incomplete, it is significant that only *twenty-four* herbal medicines were reported. A much longer list could be collected among rural Brazilians of the area, who also use most of the same herbs employed by the Munduruú.* This leads immediately to the question of whether the civilized inhabitants of the Amazon borrowed the medicinal preparations from the Indians or whether diffusion operated in the reverse direction. Although the use of herbs by the Indian population of the Amazon is undoubtedly a pre-Columbian practice, and although diffusion probably operated in both directions, it is very possible that the greatest borrowing was by the Indians. This is probably true for the Munduruú, although we cannot be so certain for the first Indian groups encountered by the Portuguese. The herbal knowledge of these coastal tribes is, of course, crucial to the question.

753 The Munduruú theory of disease exists side by side with certain sound empirical observations on the subject. They are well aware that epidemics are contracted through contact with white people. For example, when either my wife or I caught a cold, the Munduruú avoided close proximity to us. Even on those occasions when we fell ill after an epidemic had already developed in the village, they were inclined to blame us. Also, they recognized that residence along waterways or near swamps was often accompanied by fevers (malaria), and they knew that the savannah villages were therefore more salubrious. Both contagion and the unhealthfulness of certain locales were loosely connected with the prevalence of the sorcerer's evil objects, or *caxiri*, despite the contradictions implied. However, in this as in many other lines of thought, the Munduruú do not push logic to its conclusions, for the roots of the supernatural concepts are social and not intellectual. The empirical observations and supernatural concepts coexisted with little effort on the part of the Munduruú to integrate them, if, indeed, they were aware of the mutual antipathy of the two.

757 755 Moreover, despite their supernatural explanation of disease, the Munduruú freely sought the rational medication, that we provided. Every day, a number of people came to our house for treatment, some from other villages; in only a very few cases did we have to seek out the sick and persuade them to accept our aid. Our experience in this matter was not unique, for both the mission and the Indian Post dispensed large quantities of medicine to Munduruú patients. Not even the shamans resisted treatment; many came to us for their own faithful patients.

There are a number of reasons for this lack of resistance to Western medicine by the Munduruú. Through long contact with the whites, they had come to recognize the efficacy of the white man's medicines, especially in the treatment of diseases they knew to be associated with the civilized population. Some even knew the names of specific remedies; I had the unusual experience of having a tattooed, seminude Indian ask me for "*melã*."

* Note also the many herbal remedies reported by Wagley (1953, pp. 181–182) from the Amazon River town of Itá.